

City of Seattle Traditional Plan - 2015 Rates
Effective January 1 - December 31, 2015

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$1,070.28	\$1,070.28	\$1,070.28	\$1,091.69
City Share & RSR Contribution	\$1,070.28	\$1,037.94	\$0.00	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,070.28	\$1,091.69
LEOFF I (Non-Represented)	\$869.33	\$869.33	N/A	\$886.72
City Share & RSR Contribution	\$869.33	\$836.99		\$0.00
Employee Deduction	\$0.00	\$32.34		\$886.72
LEOFF II (Non-Represented)	\$1,070.28	\$1,070.28	N/A	\$1,091.69
City Share & RSR Contribution	\$1,070.28	\$1,037.94		\$0.00
Employee Deduction	\$0.00	\$32.34		\$1,091.69
SPMA (LEOFF I)	\$869.33	\$869.33	N/A	\$886.72
City Share & RSR Contribution	\$869.33	\$836.99		\$0.00
Employee Deduction	\$0.00	\$32.34		\$886.72
SPMA (LEOFF II)	\$1,070.28	\$1,070.28	N/A	\$1,091.69
City Share & RSR Contribution	\$1,070.28	\$1,037.94		\$0.00
Employee Deduction	\$0.00	\$32.34		\$1,091.69
Local 77	\$1,530.57	\$1,530.57	N/A	\$1,561.18
City Share	\$1,377.51	\$1,377.51		\$0.00
Employee Deduction	\$153.06	\$153.06		\$1,561.18
Local 77 - Most Plan Design	\$1,379.84	\$1,379.84	N/A	\$1,407.44
City Share	\$1,379.84	\$1,347.50		\$0.00
Employee Deduction	\$0.00	\$32.34		\$1,407.44
CME0	\$1,070.28	\$1,070.28	N/A	\$1,091.69
City Share	\$1,061.40	\$1,029.06		\$0.00
Employee Deduction	\$8.88	\$41.22		\$1,091.69
SPOG (LEOFF I)	\$1,116.37	\$1,116.37	N/A	\$1,138.70
City Share	\$1,060.55	\$1,060.55		\$0.00
Employee Deduction	\$55.82	\$55.82		\$1,138.70
SPOG (LEOFF II)	\$1,341.72	\$1,341.72	N/A	\$1,368.55
City Share	\$1,274.64	\$1,274.64		\$0.00
Employee Deduction	\$67.08	\$67.08		\$1,368.55
Fire Chiefs (LEOFF I)	\$869.33	\$869.33	N/A	\$886.72
City Share	\$869.33	\$782.41		\$0.00
Employee Deduction	\$0.00	\$86.92		\$886.72
Fire Chiefs (LEOFF II)	\$1,070.28	\$1,070.28	N/A	\$1,091.69
City Share	\$1,070.28	\$963.26		\$0.00
Employee Deduction	\$0.00	\$107.02		\$1,091.69

GROUP HEALTH STANDARD - 2015 RATES
Effective January 1 - December 31, 2015

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$1,059.64	\$1,059.64	\$1,059.64	\$1,080.83
City Share & RSR Contribution	\$1,011.24	\$959.74	\$0.00	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,059.64	\$1,080.83
LEOFF I (Non-Represented)	\$1,059.64	\$1,059.64	N/A	\$1,080.83
City Share & RSR Contribution	\$1,059.64	\$1,008.14		\$0.00
Employee Deduction	\$0.00	\$51.50		\$1,080.83
LEOFF II (Non-Represented)	\$1,059.64	\$1,059.64	N/A	\$1,080.83
City Share & RSR Contribution	\$1,011.24	\$959.74		\$0.00
Employee Deduction	\$48.40	\$99.90		\$1,080.83
SPMA (LEOFF I)	\$1,059.64	\$1,059.64	N/A	\$1,080.83
City Share & RSR Contribution	\$1,059.64	\$1,008.14		\$0.00
Employee Deduction	\$0.00	\$51.50		\$1,080.83
SPMA (LEOFF II)	\$1,059.54	\$1,059.54	N/A	\$1,080.73
City Share & RSR Contribution	\$1,011.14	\$959.64		\$0.00
Employee Deduction	\$48.40	\$99.90		\$1,080.73
Local 77	\$1,208.64	\$1,208.64	N/A	\$1,232.81
City Share	\$1,087.78	\$1,087.78		\$0.00
Employee Deduction	\$120.86	\$120.86		\$1,232.81
Local 77 - Most Plan Design	\$1,179.51	\$1,179.51	N/A	\$1,203.10
City Share	\$1,131.11	\$1,079.61		\$0.00
Employee Deduction	\$48.40	\$99.90		\$1,203.10
CME0	\$1,059.64	\$1,059.64		\$1,080.83
City Share	\$1,010.90	\$959.40		\$0.00
Employee Deduction	\$48.74	\$100.24		\$1,080.83
SPOG (LEOFF I & II)	\$1,314.68	\$1,314.68	N/A	\$1,340.97
City Share	\$1,051.74	\$1,051.74		\$0.00
Employee Deduction	\$262.94	\$262.94		\$1,340.97
Fire Chiefs (LEOFF I)	\$1,059.64	\$1,059.64	N/A	\$1,080.83
City Share	\$1,059.64	\$953.68		\$0.00
Employee Deduction	\$0.00	\$105.96		\$1,080.83
Fire Chiefs (LEOFF II)	\$1,059.64	\$1,059.64	N/A	\$1,080.83
City Share	\$953.68	\$953.68		\$0.00
Employee Deduction	\$105.96	\$105.96		\$1,080.83

GROUP HEALTH – DEDUCTIBLE 2015 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$975.92	\$975.92	\$975.92	\$995.44
City Share & RSR Contribution	\$950.92	\$919.00	\$0.00	\$0.00
Employee Deduction	\$25.00	\$56.92	\$975.92	\$995.44
LEOFF I (Non-Represented)	\$975.92	\$975.95	N/A	\$995.44
City Share & RSR Contribution	\$975.92	\$944.03		\$0.00
Employee Deduction	\$0	\$31.92		\$995.44
LEOFF II (Non-Represented)	\$975.92	\$975.92	N/A	\$995.44
City Share & RSR Contribution	\$950.92	\$919.00		\$0.00
Employee Deduction	\$25.00	\$56.92		\$995.44
SPMA (LEOFF I)	\$975.92	\$975.92	N/A	\$995.44
City Share & RSR Contribution	\$975.92	\$944.00		\$0.00
Employee Deduction	\$0	\$31.92		\$995.44
SPMA (LEOFF II)	\$975.92	\$975.92	N/A	\$995.44
City Share & RSR Contribution	\$950.92	\$919.00		\$0.00
Employee Deduction	\$25.00	\$56.92		\$995.44
Local 77	N/A	N/A	N/A	N/A
CMEO	\$975.92	\$975.92		\$995.44
City Share	\$950.60	\$918.68		\$0.00
Employee Deduction	\$25.32	\$57.24		\$995.44
SPOG (LEOFF I & II)	\$974.52	\$974.52	N/A	\$994.01
City Share	\$925.80	\$925.80		\$0.00
Employee Deduction	\$48.72	\$48.72		\$994.01
Fire Chiefs (LEOFF I)	\$975.92	\$975.92	N/A	\$995.44
City Share	\$975.92	\$878.34		\$0.00
Employee Deduction	\$0	\$97.58		\$995.44
Fire Chiefs (LEOFF II)	\$975.92	\$975.92	N/A	\$995.44
City Share	\$878.34	\$878.34		\$0.00
Employee Deduction	\$97.58	\$97.58		\$995.44

CITY OF SEATTLE PREVENTIVE PLAN 2015 RATES
Effective January 1 - December 31, 2015

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$1,182.68	\$1,182.68	\$1,182.68	\$1,206.33
City Share & RSR Contribution	\$1,134.56	\$1,084.18	\$0.00	\$0.00
Employee Deduction	\$48.12	\$98.50	\$1,182.68	\$1,206.33
LEOFF I (Non-Represented)	\$1,182.68	\$1,182.68	N/A	\$1,206.33
City Share & RSR Contribution	\$1,182.68	\$1,132.30		\$0.00
Employee Deduction	\$0.00	\$50.38		\$1,206.33
LEOFF II (Non-Represented)	\$1,182.68	\$1,182.68	N/A	\$1,206.33
City Share & RSR Contribution	\$1,134.56	\$1,084.18		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,206.33
SPMA (LEOFF I)	\$1,182.68	\$1,182.68	N/A	\$1,206.33
City Share & RSR Contribution	\$1,182.68	\$1,132.30		\$0.00
Employee Deduction	\$0.00	\$50.38		\$1,206.33
SPMA (LEOFF II)	\$1,182.68	\$1,182.68	N/A	\$1,206.33
City Share & RSR Contribution	\$1,134.56	\$1,084.18		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,206.33
Local 77	\$1,494.50	\$1,494.50	N/A	\$1,524.39
City Share	\$1,345.06	\$1,345.06		\$0.00
Employee Deduction	\$149.44	\$149.44		\$1,524.39
Local 77 - Most Plan Design	\$1,371.45	\$1,371.45	N/A	\$1,398.88
City Share	\$1,323.33	\$1,272.95		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,398.88
CMEO	\$1,182.68	\$1,182.68	N/A	\$1,206.33
City Share	\$1,126.08	\$1,075.70		\$0.00
Employee Deduction	\$56.60	\$106.98		\$1,206.33
SPOG (LEOFF I & II)	\$1,504.86	\$1,504.86	N/A	\$1,534.96
City Share	\$1,429.62	\$1,429.62		\$0.00
Employee Deduction	\$75.24	\$75.24		\$1,534.96
Fire Chiefs (LEOFF I)	\$1,182.68	\$1,182.68	N/A	\$1,206.33
City Share	\$1,182.68	\$1,064.42		\$0.00
Employee Deduction	\$0.00	\$118.26		\$1,206.33
Fire Chiefs (LEOFF II)	\$1,182.68	\$1,182.68	N/A	\$1,206.33
City Share	\$1,064.42	\$1,064.42		\$0.00
Employee Deduction	\$118.26	\$118.26		\$1,206.33

Delta Dental of Washington 2015 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$117.04	\$117.04	\$117.04	\$119.38
City Share	\$117.04	\$117.04	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$117.04	\$119.38
LEOFF I & II (Non-Represented)	\$117.04	\$117.04	N/A	\$119.38
City Share	\$117.04	\$117.04		\$0.00
Employee Deduction	\$0.00	\$0.00		\$119.38
SPMA (LEOFF I & II)	\$117.04	\$117.04	N/A	\$119.38
City Share	\$117.04	\$117.04		\$0.00
Employee Deduction	\$0.00	\$0.00		\$119.38
Local 77	\$122.09	\$122.09	N/A	\$124.53
City Share	\$122.09	\$122.09		\$0.00
Employee Deduction	\$0.00	\$0.00		\$124.53
CMEO	\$117.04	\$117.04	N/A	\$119.38
City Share	\$117.04	\$117.04		\$0.00
Employee Deduction	\$0.00	\$0.00		\$119.38
SPOG (LEOFF I & II)	\$123.10	\$123.10	N/A	\$125.56
City Share	\$123.10	\$123.10		\$0.00
Employee Deduction	\$0.00	\$0.00		\$125.56
Fire Chiefs (LEOFF I & II)	\$117.04	\$117.04	N/A	\$119.38
City Share	\$105.34	\$105.34		\$0.00
Employee Deduction	\$11.70	\$11.70		\$119.38

Dental Health Services 2015 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$149.70	\$149.70	\$149.70	\$152.69
City Share	\$149.70	\$149.70	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$149.70	\$152.69
LEOFF I & II (Non-Represented)	\$149.70	\$149.70	N/A	\$152.69
City Share	\$149.70	\$149.70		\$0.00
Employee Deduction	\$0.00	\$0.00		\$152.69
SPMA (LEOFF I & II)	\$147.49	\$147.49	N/A	\$150.44
City Share	\$149.70	\$147.49		\$0.00
Employee Deduction	\$0.00	\$0.00		\$150.44
Local 77	\$173.85	\$173.85	N/A	\$177.33
City Share	\$173.85	\$173.85		\$0.00
Employee Deduction	\$0.00	\$0.00		\$177.33
CMEO	\$149.70	\$149.70		\$152.69
City Share	\$149.70	\$149.70	N/A	\$0.00
Employee Deduction	\$0.00	\$0.00		\$152.69
SPOG (LEOFF I & II)	\$176.97	\$176.97	N/A	\$180.51
City Share	\$176.97	\$176.97		\$0.00
Employee Deduction	\$0.00	\$0.00		\$180.51
Fire Chiefs (LEOFF I & II)	\$149.70	\$149.70	N/A	\$152.69
City Share	\$134.74	\$134.74		\$0.00
Employee Deduction	\$14.96	\$14.96		\$152.69

VISION SERVICE BASIC PLAN 2015 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$9.46	\$9.46	\$9.46	\$9.65
City Share	\$9.46	\$9.46	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$9.46	\$9.65
LEOFF I & II (Non-Represented)	\$9.46	\$9.46	N/A	\$9.65
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$0.00	\$0.00		\$9.65
SPMA (LEOFF I & II)	\$9.46	\$9.46	N/A	\$9.65
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$0.00	\$0.00		\$9.65
Local 77	\$12.26	\$12.26	N/A	\$12.51
City Share	\$12.26	\$12.26		\$0.00
Employee Deduction	\$0.00	\$0.00		\$12.51
CMEC	\$9.46	\$9.46	N/A	\$9.65
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$0.00	\$0.00		\$9.65
SPOG (LEOFF I & II)	\$29.81	\$29.81	N/A	\$30.41
City Share	\$29.81	\$29.81		\$0.00
Employee Deduction	\$0.00	\$0.00		\$30.41
Fire Chiefs (LEOFF I & II)	\$9.46	\$9.46	N/A	\$9.65
City Share	\$8.52	\$8.52		\$0.00
Employee Deduction	\$0.94	\$0.94		\$9.65

VISION SERVICE BUY UP PLAN 2015 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$22.68	\$22.68	\$22.68	\$23.13
City Share	\$9.46	\$9.46	\$0.00	\$0.00
Employee Deduction	\$13.22	\$13.22	\$22.68	\$23.13
LEOFF I & II (Non-Represented)	\$22.68	\$22.68	N/A	\$23.13
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$13.22	\$13.22		\$23.13
SPMA (LEOFF I & II)	\$22.68	\$22.68	N/A	\$23.13
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$13.22	\$13.22		\$23.13
Local 77	N/A	N/A	N/A	N/A
City Share				
Employee Deduction				
CMEO	\$22.68	\$22.68	N/A	\$23.13
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$13.22	\$13.22		\$23.13
SPOG (LEOFF I & II)	N/A	N/A	N/A	N/A
City Share				
Employee Deduction				
Fire Chiefs (LEOFF I & II)	\$22.68	\$22.68	N/A	\$23.13
City Share	\$8.52	\$8.52		\$0.00
Employee Deduction	\$14.16	\$14.16		\$23.13

**DOMESTIC PARTNER HEALTH INSURANCE
2015 MONTHLY TAXABLE VALUES**

Most City Employees	Medical	WDS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$552.62	\$51.96	\$4.20	\$10.07	\$608.78	\$614.65
Traditional - Domestic Partner	\$513.35	\$51.96	\$4.20	\$10.07	\$569.51	\$575.38
Group Health Standard - Domestic Partner	\$488.76	\$51.96	\$4.20	\$10.07	\$544.92	\$550.79
Group Health Deductible - Domestic Partner	\$465.66	\$51.96	\$4.20	\$10.07	\$521.82	\$527.69
Preventive - Child	\$241.20	\$36.38	\$2.94	\$7.05	\$280.52	\$284.63
Traditional - Child	\$218.28	\$36.38	\$2.94	\$7.05	\$257.60	\$261.71
Group Health Standard - Child	\$216.11	\$36.38	\$2.94	\$7.05	\$255.43	\$259.54
Group Health Deductible - Child	\$199.03	\$36.38	\$2.94	\$7.05	\$238.35	\$242.46
Most City Employees	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$552.62	\$66.47	\$4.20	\$10.07	\$623.29	\$629.16
Traditional - Domestic Partner	\$513.35	\$66.47	\$4.20	\$10.07	\$584.02	\$589.89
Group Health Standard - Domestic Partner	\$488.76	\$66.47	\$4.20	\$10.07	\$559.43	\$565.30
Group Health Deductible - Domestic Partner	\$465.66	\$66.47	\$4.20	\$10.07	\$536.33	\$542.20
Preventive - Child	\$241.20	\$46.53	\$2.94	\$7.05	\$290.67	\$294.78
Traditional - Child	\$218.28	\$46.53	\$2.94	\$7.05	\$267.75	\$271.86
Group Health Standard - Child	\$216.11	\$46.53	\$2.94	\$7.05	\$265.58	\$269.69
Group Health Deductible - Child	\$199.03	\$46.53	\$2.94	\$7.05	\$248.50	\$252.61

DOMESTIC PARTNER HEALTH INSURANCE 2015 MONTHLY TAXABLE VALUES						
Seattle Police Officers' Guild	Medical	WDS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$767.26	\$54.66	\$13.24	NA	\$835.16	
Traditional - Domestic Partner	\$684.08	\$54.66	\$13.24	NA	\$751.98	
Group Health Standard - Domestic Partner	\$670.30	\$54.66	\$13.24	NA	\$738.20	
Group Health Deductible - Domestic Partner	\$496.86	\$54.66	\$13.24	NA	\$564.76	
Preventive - Child	\$306.90	\$38.26	\$9.26	NA	\$354.42	
Traditional - Child	\$273.63	\$38.26	\$9.26	NA	\$321.15	
Group Health Standard - Child	\$268.12	\$38.26	\$9.26	NA	\$315.64	
Group Health Deductible - Child	\$198.75	\$38.26	\$9.26	NA	\$246.27	
Seattle Police Officers' Guild	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$767.26	\$78.57	\$13.24	NA	\$859.07	
Traditional - Domestic Partner	\$684.08	\$78.57	\$13.24	NA	\$775.89	
Group Health Standard - Domestic Partner	\$670.30	\$78.57	\$13.24	NA	\$762.11	
Group Health Deductible - Domestic Partner	\$496.86	\$78.57	\$13.24	NA	\$588.67	
Preventive - Child	\$306.90	\$55.00	\$9.26	NA	\$371.16	
Traditional - Child	\$273.63	\$55.00	\$9.26	NA	\$337.89	
Group Health Standard - Child	\$268.12	\$55.00	\$9.26	NA	\$332.38	
Group Health Deductible - Child	\$198.75	\$55.00	\$9.26	NA	\$263.01	

**DOMESTIC PARTNER HEALTH INSURANCE
2015 MONTHLY TAXABLE VALUES**

Local 77	Medical	WDS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$761.98	\$54.21	\$5.44	NA	\$821.63	
Traditional - Domestic Partner	\$780.37	\$54.21	\$5.44	NA	\$840.02	
Group Health Standard - Domestic Partner	\$616.23	\$54.21	\$5.44	NA	\$675.88	
Preventive - Child	\$304.79	\$37.94	\$3.81	NA	\$346.54	
Traditional - Child	\$312.15	\$37.94	\$3.81	NA	\$353.90	
Group Health Standard - Child	\$246.49	\$37.94	\$3.81	NA	\$288.24	
Local 77	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$761.98	\$77.19	\$5.44	NA	\$844.61	
Traditional - Domestic Partner	\$780.37	\$77.19	\$5.44	NA	\$863.00	
Group Health Standard - Domestic Partner	\$616.23	\$77.19	\$5.44	NA	\$698.86	
Preventive - Child	\$304.79	\$54.03	\$3.81	NA	\$362.63	
Traditional - Child	\$312.15	\$54.03	\$3.81	NA	\$369.99	
Group Health Standard - Child	\$246.49	\$54.03	\$3.81	NA	\$304.33	

2015 RATES**ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**
Hartford Insurance Company**Monthly Premium: Fully paid by employee**

Employee Only Coverage: \$0.03 per \$1,000 of Benefit
 Employee & Family Coverage: \$0.04 per \$1,000 of Benefit

GROUP TERM LIFE INSURANCE
Standard Insurance Company**Basic Coverage: Monthly Premium: \$0.11 per \$1,000 of benefit**

City Share: \$.044
 Employee Deduction: \$0.066

Supplemental Coverage: Monthly Premium per \$1,000 of coverage

Age	Premium	Age	Premium
0 - 29	\$0.032	50 - 54	\$0.232
30 - 34	\$0.048	55 - 59	\$0.360
35 - 39	\$0.064	60 - 64	\$0.552
40 - 44	\$0.090	65+	\$0.960
45 - 49	\$0.152		

Dependent Child Supplemental Life (one premium covers all children)

Coverage Amount	Premium
\$2,000	\$0.40
\$5,000	\$1.00
\$10,000	\$2.00

LONG TERM DISABILITY INSURANCE
Standard Insurance Company**Non-Uniformed Employees Plan Monthly Premium:**

City-Paid Basic Coverage: .35% of first \$667 of insured earnings
 Employee-Paid Optional Coverage: .65% of next \$7,666 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM

2015 cost per budgeted position: **\$21.84**